



Victorian Forensic Paediatric Medical Service
**Record of forensic evaluation
 in relation to physical
 injury or harm**



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Patient details

Surname	
Given name(s)	Gender <input type="radio"/> Male <input type="radio"/> Female
Date of birth / /	Age in years
Address	Postcode

Mother's name	
Mother resides with child <input type="radio"/> Yes <input type="radio"/> No	Telephone
Father's name	
Father resides with child <input type="radio"/> Yes <input type="radio"/> No	Telephone
Address (if different to above)	Postcode
Guardian (if not parent)	Telephone

Examination

Date / /	Time commenced :	Time concluded :
Place		
Persons present in interview		
Persons present in examination		
Name of doctor performing assessment		

Patient sticker



VFPMS assessment consent form

You can choose whether or not to consent to a forensic evaluation.

I, _____ hereby consent to a complete medical evaluation
including physical examination of _____ by a medical practitioner.

I am aware that the findings of the medical evaluation will be documented and a report prepared.

Following such examination or in association with the examination (please tick if consent is given):

- I consent to collection of medical and medico-legal specimens,
 - I consent to photographic documentation,
 - I consent to investigations as recommended by the examining doctor,
 - I consent to treatment,
 - I consent to release of a medical report to Child Protection and Victoria Police,
 - I consent to information in relation to my child/myself being obtained from others
 - I consent to information associated with the evaluation being used for teaching purposes but only if all identifying data is removed.
-

Signature of parent/guardian

Name (print)

Relationship to child

Date / /

Time :

OR

Signature of Child Protection practitioner

Name (print)

Under *Children Youth and Families Act 2005* section

Date / /

Time :

Consent may be withdrawn at any time during the assessment.
Specific consent will be required for additional medical procedures.

VFPMS assessment adolescent (mature minor) consent form

You can choose whether or not to consent to forensic evaluation.

I, _____ hereby consent to

a complete medical evaluation including physical examination of myself by a medical practitioner. I am aware that the findings of the medical evaluation will be documented and a report prepared.

Following such examination or in association with the examination (please tick if consent is given):

- I consent to collection of medical and medico-legal specimens,
- I consent to photographic documentation,
- I consent to investigations as recommended by the examining doctor,
- I consent to treatment,
- I consent to release of a medical report to Child Protection and Victoria Police
- I consent to information being obtained from others (see page 4)
- I consent to information associated with the evaluation being used for teaching purposes but only if all identifying data is removed.

Signature

Name (print)

Date / /

Time :

I, Doctor

hereby state that this person has been assessed as being a mature minor on the basis of his/her demonstrated capacity to understand the nature and purpose of the forensic medical procedure (including sample collection for forensic analysis and potential use of results of sample analysis in the criminal justice system), and that he/she has demonstrated a capacity to make a choice about whether or not to consent to the procedure (in part or in whole).

Date / /

Time :

Consent may be withdrawn at any time during the assessment.
Specific consent will be required for additional medical procedures.

Medical history

Name of person providing this information

Antenatal and perinatal history

Medical/surgical/mental health history

e.g. clotting or bleeding disorders, past illnesses, injuries, surgery

Allergies

Medications

Immunisation

e.g. hepatitis B vaccination

Up to date

Genogram/family history

Consider renal and liver disease, bleeding disorders, fractures and dislocations, abuse and neglect

Development/HEADSS assessment**Behavioural problems**

Prior Child Protection/Child FIRST reports/referrals and interventions

Include details of past and current court orders to which the child was/is subject (name of order, date issued, expiry date)

Details from police or Child Protection practitioner

Document the title and name of the person who referred the child to VFPMS

Information obtained from

Date / / Time : Region

What agencies are currently involved?

Details from child or parent/guardian

Information obtained from

Include date of assault, time, location, sites on child's body where injuries might have occurred, implements used, post assault pain/bleeding, whether alcohol/drugs consumed and identities of alleged assailants

Current symptoms

Consider pain, limitation of movement, bleeding and genitourinary, respiratory and neurological symptoms

Examination findings

Child's appearance, interaction and behaviour

Emotional state, intellect, interactions, clothing, nutrition, effects of alcohol/drugs, cooperation, limitations

Examination findings

Use body charts for diagrams. In addition, photo-documentation of injury is strongly encouraged

Ht (%ile) Wt (%ile) HC (%ile)

Photography

Photography of body Yes No

List sites

By whom?

Date / / Time :

Medication provided

Hospital microbiology/pathology/radiology

Yes No

List

Follow-up arrangements and referrals

Letter to GP

Yes No

Name and address of GP